

**OUTSIDE EMPLOYMENT/BUSINESS ACTIVITY FORM**  
**Supplement to TSU Policy 6-26**

**EVERY FACULTY MEMBER, PROFESSIONAL STAFF AND ADMINISTRATOR IS REQUIRED TO COMPLETE AND SUBMIT THIS FORM EACH SEMESTER AND ANY OTHER TIME PRIOR TO ENGAGING IN OUTSIDE EMPLOYMENT , BUSINESS SERVICES OR OTHER ACTIVITY WHICH MAY CONFLICT WITH TENNESSEE STATE UNIVERSITY ASSIGNMENTS.**

Please check the appropriate item:

\_\_\_\_\_ Fall Semester 20\_\_      Spring Semester 200\_\_      Summer Semester 20\_\_

\_\_\_\_\_ I do not have or anticipate outside employment during the 2010-2011 academic year.

\_\_\_\_\_ I have ongoing outside employment/ business activity previously approved by university.

Brief Description of previously approved ongoing Outside Employment/ Business Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Commitment per week \_\_\_\_\_ Hours      Days \_\_\_\_\_ Times \_\_\_\_\_

\_\_\_\_\_ A request is being made for outside employment / business activity. (I understand that I am not authorized to engage in this activity without prior approval of the president or his designee.)

Brief Description of Proposed Outside Employment/ Business Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Commitment per week \_\_\_\_\_ Hours      Days \_\_\_\_\_ Times \_\_\_\_\_

Projected date that outside employment/ business activity will begin. \_\_\_\_\_

This activity is in the area of : \_\_\_\_\_ Teaching      \_\_\_\_\_ Research      \_\_\_\_\_ Public Service  
   \_\_\_\_\_ Consulting      \_\_\_\_\_ Professional Services      \_\_\_\_\_ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(printed) \_\_\_\_\_ E-mail address \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_ Recommended yes or no

Dean/ Director \_\_\_\_\_ Date \_\_\_\_\_ Recommended yes or no

VPAA \_\_\_\_\_ Date \_\_\_\_\_ Approved or not approved

**Form must be signed by faculty member; Department heads and deans must either recommend or not recommend the outside employment request.**